REPORT COVERING:	zಯ-ಹಾನ	FOR OFFICE USE ONLY
JANUARY 1 through JUNE 30, DUE BY AUGUST 15	2060100	Postmark Date:
ANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRUAL	RY 15	
1. Name: Hekking Kim	т	
Last () First	MI a	6) 2600
2. Business Address: <u>262 Harbor Drive Stamford C</u> Street and No. City S	7 06902— Tale Zip	5F 78
Mailing Address: S/a/a		
3. Business Phone: 203-348-3500		9 7
Area Gode and Telephone Number 4. Employer: Shenkman Capital Management, Inc.		57 &
0	Δ	
5. Employer's address: 2/2 Harbor Dave Standard Street and No. City	<u> </u>	
6. Did you make an expenditure exceeding \$50 on one occasion for a retirement s	outer officials	
From January 1 through June 30? Yes No	xi	
From July 1 through December 317 Yes 📈 No	□ AM □	
If the answer to either question in Number 6 above is YES, complete Schedule	A and accach.	
7. Did you make expenditures exceeding the sum of \$250 for a retirement system	official:	
From January 1 through June 307 Yes No From July 1 through December 317 Yes No	⊠ ⊠ NA □	
If the answer to either question in Number 7 above is YES, complete Schedule	A and strach.	

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8. PROVIDE BELOW (a) the name of the state or statewide public tetirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

L)	a. Name of Retirement System: Teachers Retirerye	nt System of Louisiana
	b. Total of all expenditures made January 1 through June 30:	\$ <u> </u>
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	1 638.99
	d. Total of all expenditures made during the calendar year:	<u>\$ 638.99</u>
2>	a_Name of Retirement System:	
	b. Total of all expenditures made January 1 through June 30:	\$
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the calendar year:	\$
3)	a. Name of Retirement System:	
	b. Total of all expenditures made fanuary 1 through June 30:	\$
	c. Total of all expenditures made July 1 through December 31: (When applicable)	<u>\$</u>
	d. Total of all expenditures made during the calendar year:	\$

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

Signature of Filer

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				And Department to
I. OFFICIAL'S NAME	2. NAME OF RETIREMENT SYSTEM	3. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWHEN JANUARY I AND JUNE 30	4. AMOUNT OF EXPENDITURES MADE ON AN OFFICIAL FOR WHOM YOU EITHER SPENT OVER \$50 ON ONE OCCASION OR MADE EXPENDITURES EXCEEDING \$250 BETWEEN FULLY 1 AND DECEMBER \$1	5. TOTAL OF COLUMNS 3 AND 4
Charles Bujol	Tesl		\$11 9.33	#119.83
Dan Bryant	TRSL		# 9.83	\$ 119.33
Sally Cox	TRSC		* 119.33	\$ 119.33
Eula Beckwith	TRSL		119.33	\$119.33
Eula Beckwith Shirley Abshire	TRSL		জ 1 kel - 6-7 _	#161.67